

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00147066

3. IS THIS REPORT

NEW (N)

OR

☒ AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11) (Non-Election Year Only)

☐ Mar 20 (M3)

☒ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12) (Non-Election Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)

☐ Convention (12C)

☐ General (12G)

☐ Special (12S)

☐ Runoff (12R)

Election on

 /  / 

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

 /  / 

in the State of

5. Covering Period

 /  / 

through

 /  / 

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer

Mr. Donald L. Walker

[Electronically Filed]

Date

 /  / 

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only
**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">146986.01</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">104506.58</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">66952.45</span>	<span style="border: 1px solid black; padding: 2px;">175473.02</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">171459.03</span>	<span style="border: 1px solid black; padding: 2px;">322459.03</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">151000.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">171459.03</span>	<span style="border: 1px solid black; padding: 2px;">171459.03</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34159.42	68486.45
(ii) Unitemized .....	2793.03	13694.04
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	36952.45	82180.49
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	30000.00	93292.53
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ►	66952.45	175473.02
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ..... ►	66952.45	175473.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►	66952.45	175473.02

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	146500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	4500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	151000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	151000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	66952.45	175473.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	66952.45	175473.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 27  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Deanna M Mulligan**

Mailing Address 126 Dingle Ridge Road

City

North Salem

State

NY

Zip Code

10560-1402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Guardian Life Insurance Company of Ame

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
05 / 08 / 2012

**Transaction ID : 45392822**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. James T Morris**

Mailing Address 32141 Cook Lane

City

San Juan Capistrano

State

CA

Zip Code

92675-3934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life Insurance Company

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
05 / 09 / 2012

**Transaction ID : 45594360**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas A Munson**

Mailing Address 11 Stonebrook Court

City

Brownwood

State

TX

Zip Code

76801-6036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Landmark Life Insurance Company

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
05 / 21 / 2012

**Transaction ID : 45594448**

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. William R. Schmeeckle

Mailing Address P.O. Box 82533

City  
LincolnState  
NEZip Code  
68501-2533FEC ID number of contributing  
federal political committee.

C

Name of Employer

Assurity Life Insurance Company

Occupation

Second Vice President-Mortgage Investm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2012

Transaction ID : 45594457

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. William R. Cintani

Mailing Address 9221 Tuscan CT

City  
LincolnState  
NEZip Code  
68520-1470FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mapes Industries, Inc.

Occupation

President &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2012

Transaction ID : 45594479

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Ronald L Harris

Mailing Address 9121 Thornwood CT

City  
LincolnState  
NEZip Code  
68512-9395FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scientific Development Corporation

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2012

Transaction ID : 45594480

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr. James E. McClurg**

Mailing Address 2030 Surfside Drive

City

Lincoln

State

NE

Zip Code

68528-1752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Technical Development Resources Compan

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2012

Transaction ID : 45594481

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Ms. Angie Muhleisen**

Mailing Address 6321 Doecreek Cr.

City

Lincoln

State

NE

Zip Code

68516-3796

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Union Bank &amp; Trust Company

Occupation

President &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2012

Transaction ID : 45594482

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. James T. Langham Jr.**

Mailing Address P.O. Box 802063

City

Dallas

State

TX

Zip Code

75380-2063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Teacher Associates Life Insur

Occupation

Vice President &amp; Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 15 / 2012

Transaction ID : 45597979

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 9 OF 27  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Brian Ellard**

Mailing Address 4949 Keller Springs Road

City State Zip Code  
Addison TX 75001-5910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Teacher Associates Life Insur

Occupation  
Marketing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2012

**Transaction ID : 45597980**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Raymond J. Martin Jr.**

Mailing Address 4707 Myerwood Lane

City State Zip Code  
Dallas TX 75244-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Teacher Associates Life Insur

Occupation  
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2012

**Transaction ID : 45597981**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ms. Betty Jo Ellard**

Mailing Address 5641 Bent Tree Drive

City State Zip Code  
Dallas TX 75248-2011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Teacher Associates Life Insur

Occupation  
Member, Board of Directors

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2012

**Transaction ID : 45597982**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. James P. Rousey**

Mailing Address 1609 Windcrest Drive

City

Springfield

State

IL

Zip Code

62704-6515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Universal Guaranty Life Insurance Comp

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2012

**Transaction ID : 45941071**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Eugene Choate**

Mailing Address 4370 Peachtree Road, NE

City

Atlanta

State

GA

Zip Code

30319-3054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bankers Fidelity Life Insurance Compan

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2012

**Transaction ID : 45941072**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Paul M. Schudel**

Mailing Address 6300 Andrew Ct

City

Lincoln

State

NE

Zip Code

68512-1905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Woods & Aitken Law Firm

Occupation

Attorney at Law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2012

**Transaction ID : 45941073**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Susan L. Keisler-Munro**

Mailing Address 6500 Yorktown Court

City

Lincoln

State

NE

Zip Code

68516-5456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Assurity Life Insurance Company

Occupation

Senior Vice President and Chief of Ope

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2012

**Transaction ID : 45941081**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Todd Reimers**

Mailing Address 2233 S. 124th Street

City

Walton

State

NE

Zip Code

68461-9705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Assurity Life Insurance Company

Occupation

Senior Vice President & Chief Marketin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2012

**Transaction ID : 45941085**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Steve Erwin**

Mailing Address 7290 Cole Ct

City

Lincoln

State

NE

Zip Code

68506-3183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. Bank National Association

Occupation

President, Nebraska/ Western Iowa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2012

**Transaction ID : 45941088**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Yang Ye**

Mailing Address 527 Bookbinder Way

City

Lansdale

State

PA

Zip Code

19446-4056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

London Life Reinsurance Company

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 30 / 2012

Transaction ID : 45941094

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Paul E. Petry**

Mailing Address 20 Bayberry Way

City

Osterville

State

MA

Zip Code

02655-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boston Mutual Life Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 30 / 2012

Transaction ID : 45941095

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Mr. William M. Cameron**

Mailing Address P. O. Box 25523

City

Oklahoma City

State

OK

Zip Code

73125-0523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Fidelity Assurance Company

Occupation

Chr of the Bd & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 30 / 2012

Transaction ID : 45941096

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr Jerry D Davis**

Mailing Address 7224 Massey Road

City

Granbury

State

TX

Zip Code

76049-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Farm Life Insurance

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : 45944025**

Amount of Each Receipt this Period

2100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark E Williams**

Mailing Address 416 Crestview Drive

City

Grapevine

State

TX

Zip Code

76051-3571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Farm Life Insurance

Occupation

Vice President, Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : 45944026**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Ms. Lenay D. Pacheco**

Mailing Address 112 CR 4884

City

Boyd

State

TX

Zip Code

76112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Farm Life Insurance

Occupation

Vice President, Information Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : 45944027**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mr. Cary Wright**

Mailing Address 3323 Shellbrook Cr

City

Arlington

State

TX

Zip Code

76016-2064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Farm Life Insurance

Occupation

Executive Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 25 / 2012

Transaction ID : 45944028

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Mr Richard R Jernigan**

Mailing Address 6921 CR 204

City

Grandview

State

TX

Zip Code

76050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Farm Life Insurance

Occupation

Senior Vice President, Administration

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 25 / 2012

Transaction ID : 45944029

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Mark Bigsby**

Mailing Address 1027 Belmont Drive

City

Kennedale

State

TX

Zip Code

76060-5617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Farm Life Insurance

Occupation

Senior Vice President & Treasurer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 25 / 2012

Transaction ID : 45944030

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Donald L. Donald L. Walker**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Administration & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR1156427124386**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Craig D Simms**

Mailing Address 31 Quail Hollow Drive

City Southington State CT Zip Code 06489-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

Senior Vice President, Sales & Marketi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR1503559924386**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Walter C. Walter C. Welsh**

Mailing Address 101 Constitution Ave, NW  
101 Constitution Ave, NW

City Washington State DC Zip Code 20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1897.90

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR1550105924386**

Amount of Each Receipt this Period

379.58

P/R Deduction (\$189.79 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

519.58

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Kathleen F. Kathleen F. Kiernan-Pagani**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Counsel, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

828.11

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : PR1728112724386**

Amount of Each Receipt this Period

165.62

P/R Deduction (\$82.81 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Carolyn C. Carolyn C. Cobb**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

963.51

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : PR1821819624386**

Amount of Each Receipt this Period

192.70

P/R Deduction (\$96.35 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. The Honora Dirk A. Dirk A. Kempthorne**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : PR1871324524386**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

774.98



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William R Hobbs**

Mailing Address 13005 Windsor Circle

City

Leawood

State

KS

Zip Code

66209-1793

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fidelity Security

Occupation

VP Finance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2012

Transaction ID : PR1964225724386

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Anita Anita Peduzzi**

Mailing Address 101 Constitution Avenue  
Suite 700 W

City

Washington

State

DC

Zip Code

20001-2146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

PAC Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

05 / 31 / 2012

Transaction ID : PR1978714924386

Amount of Each Receipt this Period

83.34

P/R Deduction (\$41.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**c. Mr. Gary E. Gary E. Hughes**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President & General Cou

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1604.19

Date of Receipt

05 / 31 / 2012

Transaction ID : PR771358224386

Amount of Each Receipt this Period

320.84

P/R Deduction (\$160.42 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

454.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Linda H. Linda H. Cunningham**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Conference Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.19

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR771362424386**

Amount of Each Receipt this Period

109.84

P/R Deduction (\$54.92 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. John F. John F. Dolan**

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR771365424386**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Barbara A. Barbara A. Price**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice Pres., Legislative & Regulatory I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR771369024386**

Amount of Each Receipt this Period

62.50

P/R Deduction (\$31.25 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

232.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. J. Bruce J. Bruce Ferguson**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1471.90

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR771373224386**

Amount of Each Receipt this Period

294.38

P/R Deduction (\$147.19 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Shawn Shawn Hausman**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.70

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR771373524386**

Amount of Each Receipt this Period

59.54

P/R Deduction (\$29.77 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. David M. David M. Leifer**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.80

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR771374024386**

Amount of Each Receipt this Period

161.16

P/R Deduction (\$80.58 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

515.08

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. C. Bryan C. Bryan Cox**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR771376824386**

Amount of Each Receipt this Period

55.00

P/R Deduction (\$27.50 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. John W. John W. Mangan CEBS**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR771377124386**

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**c. Ms. Kimberly O. Kimberly O. Dorgan**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Executive Vice President, Publi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR771395124386**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

671.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Morris R. Morris R. Goff**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.30

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR771419324386**

Amount of Each Receipt this Period

192.26

P/R Deduction (\$96.13 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Brenda S. Brenda S. Nation**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR771419924386**

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Debra K. Debra K. West**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR771421024386**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

442.26

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Ms. Lisa J. Lisa J. Tate**

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

VP, Litigation &amp; Assoc. Gen. Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 31 2012

Transaction ID : PR771423224386

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. John P. John P. Gerni**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.19

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 31 2012

Transaction ID : PR771428724386

Amount of Each Receipt this Period

140.84

P/R Deduction (\$70.42 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. David C. David C. Turner**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

EVP, Chief of Staff &amp; Corp. Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1288.31

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 31 2012

Transaction ID : PR771428924386

Amount of Each Receipt this Period

257.66

P/R Deduction (\$128.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

478.50

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Alane R. Alane R. Dent**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

927.10

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR771444324386**

Amount of Each Receipt this Period

185.42

P/R Deduction (\$92.71 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Julie A. Julie A. Spiezio**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR771449624386**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Maurice A. Maurice A. Perkins**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1177.09

Date of Receipt

05 / 31 / 2012

**Transaction ID : PR805149124386**

Amount of Each Receipt this Period

235.42

P/R Deduction (\$117.71 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

470.84

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Wayne A. Wayne A. Mehlman**

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : PR904819524386**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

34159.42



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Liberty Mutual Insurance PAC**

Mailing Address 175 Berkeley Street

City State Zip Code  
Boston MA 02117

FEC ID number of contributing  
federal political committee.

**C** C00171843

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**05** / **09** / **2012**

**Transaction ID : 45594356**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Phoenix Companies PAC**

Mailing Address One American Row

City State Zip Code  
Hartford CT 06115

FEC ID number of contributing  
federal political committee.

**C** C00168203

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**05** / **10** / **2012**

**Transaction ID : 45594362**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Allstate Insurance PAC**

Mailing Address 2775 Sanders Road  
Suite A4

City State Zip Code  
Northbrook IL 60062

FEC ID number of contributing  
federal political committee.

**C** C00040253

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**05** / **21** / **2012**

**Transaction ID : 45594449**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Genworth Financial Inc. PAC**

Mailing Address 6620 W. Broad Street

City State Zip Code  
Richmond VA 23230

FEC ID number of contributing  
federal political committee.

**C** C00404194

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**05 / 15 / 2012**

**Transaction ID : 45597761**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Massachusetts Mutual Life Ins. Co PAC**

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

FEC ID number of contributing  
federal political committee.

**C** C00118943

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**05 / 29 / 2012**

**Transaction ID : 45941090**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. American Fidelity Corporation PAC**

Mailing Address P.O. Box 25523

City State Zip Code  
Oklahoma City OK 73125

FEC ID number of contributing  
federal political committee.

**C** C00210526

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**05 / 30 / 2012**

**Transaction ID : 45941093**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

15000.00

**TOTAL** This Period (last page this line number only)..... ►

30000.00

